

RE: A Proposal to Provide Funding for the HPV Vaccine
Submitted as testimony to the budget public hearing on February 23, 2017

My name is Dr. Stephen Updegrave, a pediatrician and the Chair of the Connecticut Childhood Vaccine Advisory Council – a group of health care professionals from across the state selected to share their expertise with the Department of Public Health on matters pertaining to its Vaccine Program. The Council has for some time advocated for the expansion of the Vaccine Program, in particular for the inclusion of funds for HPV Vaccine- the immunization to prevent infection from the human papilloma virus. HPV vaccine has been of special interest because research has clearly demonstrated its potential to prevent cervical and other cancers, yet utilization of it has lagged well behind that of other vaccines that have been available as long as it has. Virtually every other immunization has, within 10 years of its introduction, achieved rates of 80-90% acceptance, and rates for the respective diseases have generally dropped by a similar 80-90%. In the case of the HPV vaccine, immunization rates have leveled off at less than 60% for several years now and the rate of decline in infection has only been in the range of 40%. As a consequence, there are potentially thousands of cases of cancer that could be prevented that are not.

While there are a number of factors that have contributed to the lower acceptance rates for HPV vaccine, one action we can take to improve this situation is to eliminate any financial barriers to the receipt of the vaccine that may be affecting either patients or providers. HPV is expensive and current reimbursement to providers may not always cover the costs of its administration. By including it in the Vaccine Program, it can be purchased at the federal rate which is less expensive than the market price. Insurers will therefore actually save money by being assessed through the Vaccine Program instead of having to reimburse providers at the higher market price. In addition, to the extent that this increases the number of children who initiate the vaccine series at an earlier age, further savings will be realized because a child who gets their first dose by age 15 will require only one booster rather than the two additional doses that would be required if they start the series a later age. But costs aside, having more children get the vaccine and get it at a younger age will bring about a decrease in the mortality and morbidity from cervical and other HPV-associated cancers.

The Council believes that the savings in lives as well as health care costs, including vaccine costs, make a compelling case for inclusion of HPV to our Childhood Vaccine Program and thus strongly support the proposal in the Governor's budget for this funding.